

## **VIII. MENTAL HEALTH Task Force**

### **Summary**

This report discusses the mental health needs of Tompkins County seniors as we enter the new Millennium. It is broken down into three areas: mental health, substance abuse and mental retardation/developmental disabilities.

Depression, anxiety, dementia and substance abuse are three areas of particular concern in the elderly population. It is difficult to know the true incidence of these conditions in the elderly since seniors are frequently reluctant to acknowledge their existence. Moreover, seniors often will not seek or accept services for these conditions. Therefore, while current services are underutilized, their adequacy may be questionable if successful efforts are made, as recommended, to increase awareness of services and to reduce the stigma associated with approaching them. Support for caregivers is essential and is provided in various community as well as in-home settings.

Substance abuse among the elderly is mainly associated with alcohol abuse and misuse of medications. Because alcohol problems among the elderly are often misdiagnosed, they may go untreated or inappropriately treated. Because multiple providers prescribe medications, opportunities for misuse abound. The use of self-prescribed medications and natural supplements adds to these opportunities. As with mental health services, few elderly make use of the services of the Alcoholism Council.

Seniors with Mental Retardation/Developmental Disabilities need services based on developmental rather than chronological age. The needs for housing, training in life skills and support are being met, at least to some extent. Respite is not available for all ages.

The report highlights ten issues and makes some practical recommendations for action in the next few years of the New Millennium.

This report contains the following:

- I. Introduction**
- II. Status of Seniors in Tompkins County**
  - A. Mental Health Demographics
  - B. Mental Health Services
  - C. Substance Abuse Demographics
  - D. Substance Abuse Services
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- III. Issues, Needs & Highlights**
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## **MENTAL HEALTH Task Force**

### **I. Introduction**

This report discusses the mental health needs of Tompkins County seniors as we enter the new Millennium. The presentation is broken down into three areas, paralleling the three areas of the Subcommittee of the Mental Health Board: Mental Health, Substance Abuse and Mental Retardation/Developmental Disabilities. The report will discuss the current status of seniors in these areas, some issues and highlights and will make some recommendations for action as we enter the new Millennium.

### **II. Status of Seniors in Tompkins County**

#### **A. Mental Health Demographics**

Depression, anxiety and dementia are three areas of particular concern in the elderly population.

##### **1. Depression**

According to the County Office for Aging's 1995 countywide survey of residents 60 and older, 8.9% of respondents agreed with the statement, "Compared to most people, I get down in the dumps too often." 2.6% were not sure. 56.5% of the total were women. Since there is a tendency not to reveal these feelings among seniors, a conservative estimate suggests that at least 1000 seniors in the county may be depressed to some degree. A national estimate from the National Institute of Mental Health's Epidemiological Catchment Area Study suggests that depressive symptoms occur in approximately 15% of seniors 65 and older. The rates of major or minor depression among elderly people in nursing homes ranges from 15-25% (ibid.).

Older adults are the group most at risk for suicide. The suicide rate for older adults is more than 50% higher than the rate for the population as a whole. Up to 2/3 of these suicides are attributed to untreated or misdiagnosed depression (National Center for Health Statistics, 1994). Only a fraction of this number is attributed to the terminally ill. Men over age 80 are six times more likely to commit suicide than any demographic group (AARP Background on Depression in Later Life).

Sixty-eight per cent of adults age 65 or older know little or almost nothing about depression (National Mental Health Association, 1996). There is a sharp drop in the rates of treatment of depression among the elderly compared with younger adults. Isolation is a problem which may lead to depression as well as to physical symptoms.

According to the Isolation Index component of the Office for Aging's 1995 survey, it was estimated that 837 (7.4%) seniors in the County are too isolated. Using the single indicator of having visited with no one during the past week, this estimate rises from 7.4% to 9.3%.

### **2. Anxiety**

There is a 5.5% prevalence of anxiety disorders among the 65 and older populations ("Comprehensive Textbook of Psychiatry," Kaplan, H. I. and Sadock, B. J., Sixth Edition, Volume 2). However, local practitioners consider anxiety a widespread chronic problem among the elderly. Nevertheless, it is unusual for primary anxiety disorders, such as panic attacks and phobias to develop for the first time in old age. If they seem to, they may be related to underlying depression or physical illnesses such as cardiac or thyroid disease ("Assessing and Managing Old Age Psychiatric Disorders in Community Practice," MJA: Hall & Hassett).

### **3. Alzheimer's Disease and Other Dementia**

According to the Office for Aging's 1995 survey, 3.4% of seniors sixty and older and living at home suffered from Alzheimer's disease or other dementia. Taking into account seniors in nursing homes in Tompkins County, a minimum estimate of 6% of county seniors suffer from dementia. Nationally, it is estimated that more than 11% of the population older than 65 and 40% of those 85 and older are affected by Alzheimer's Disease (Evans, D.A. et al, "Prevalence of Alzheimer's Disease in a Community Population of Older Persons: Higher Than Previously Reported." Journal of the American Medical Association, 262, 2551-2556). These latter statistics do not take other dementia into consideration. Other dementia may occur with stroke, Parkinson's disease, depression and alcoholism.

As with other conditions, people try to care for their loved ones with Alzheimer's and other dementia at home. However, this results in a tremendous strain on the caregivers. Often the care either exacerbates or precipitates anxiety, depression and/or physical problems in the caregiver as well as the care receiver. Professionals in the field often observe that at least one, and often both caregiver and care receiver, is taking prescription drugs to ameliorate these conditions. Programs which work to assist the caregiver and relieve burden are not well known. Sometimes caregivers won't accept help until they are quite desperate. The "I can do it myself" or "she/he wouldn't like anyone but me" syndrome is common in the current cohort of caregivers.

## **B. Mental Health Services**

### **1. Assessment, Support and Referral**

#### **a. Tompkins County Mental Health Department**

The Tompkins County Mental Health Department operates a geriatric outreach assessment program. It also offers treatment at its clinic. Assessments and referrals for treatment are made. In 1998 only 136 senior

clients were served by the Mental Health Clinic, including through its outreach program.

**b. Cayuga Medical Center**

The Cayuga Medical Center operates Geriatric Psychiatric Services including initial consultation, group sessions and ongoing support and referral. These services are available on an outpatient basis. There is also a Behavioral Health Unit which serves people of all ages on an inpatient basis.

All the mental health services mentioned are underutilized. Reasons for this underutilization may include the perceived stigma of admitting to mental health problems. Seniors are more willing to accept physician referrals than those from other sources, but mental health referrals from physicians are infrequent. Many medical professionals are not trained to recognize mental health problems and their implications.

Medications are often prescribed by primary care physicians without referral, thus precluding counseling or other therapy.

There may also be a lack of awareness of both symptoms and possible sources of relief on the part of seniors.

**2. Caregiver Support**

**a. Tompkins County Office for the Aging (COFA)**

COFA operates the Caregivers Resource Center and Alzheimer's Support Unit. This service offers information, referral, counseling and support, both one-to-one and in support groups to caregivers. These services are not provided in the home.

**b. Family and Children's Service (F&CS)**

F&CS Home Care offers caregiver support and counseling. The Caregiver Counselor will make home visits. F&CS Home Care

also offers respite service to caregivers. There is occasionally a waiting list for service.

**3. Diagnostic Services for Dementia**

**a.** Family practitioners and internists often make the diagnosis. COFA's Caregivers Resource Center and Alzheimer's Support Unit offers people articles and brochures as background to their discussions with their doctors.

**b.** The Caregiver Counselor at F&CS Home Care often makes an assessment and identifies dementia in the home setting. Options for professional follow-up are then recommended.

**c.** Alzheimer's Disease Assistance Centers (ADACS) exist in both Syracuse and Binghamton.

**d.** Two neurologists are in practice in Tompkins County.

**e.** The University of Rochester Clinic performs dementia diagnoses.

**4. Residential Settings**

Residential facilities for those with dementia are available and will meet the need of those who can afford them, especially with the coming of the new Alterra Clare Bridge Cottage in Tompkins County. This, however, leaves only limited beds for those of low and middle income at Longview.. Dementia care exists in nursing homes and is funded by Medicaid for those nursing home residents who are eligible for that coverage.. Long term care insurance can also provide coverage. Financial disincentives exist to discourage

nursing homes from accepting Medicaid eligible people with early to mid-stage Alzheimer's disease.

**5. Emergency Services**

**a.** The Mental Health Clinic during normal working hours or the Cayuga Medical Center Emergency Room on nights, weekends and holidays provide emergency services. In addition, community law enforcement personnel may be the first respondents to problem behaviors stemming from mental illness and/or substance abuse.

**b.** Suicide Prevention and Crisis Service provides a 24 hour hotline staffed by trained counselors who assess the level of crisis and steer people to available support.

**6. Services for the Serious and Persistent Mentally Ill Elderly**

Individuals with serious and persistent mental illness continue to have these problems as they age. These problems frequently become exacerbated by other problems of aging. Services in the community are not adequate to meet the increasing numbers of this aging population.

**C. Substance Abuse Demographics**

Substance abuse is not well defined in the elderly population. Illegal drugs are not usually a problem. Alcoholism and prescription drugs are the common sources of abuse among the elderly.

National statistics suggest that 17% of the population aged 60 or older abuse alcohol or prescriptions drugs ("Substance Abuse Among Older Adults," May 1998, Center for Substance Abuse Treatment). Surveys of different age groups in the community suggest that the elderly consume less alcohol and have fewer alcohol-related problems than younger persons. Some surveys suggest

that a person's drinking pattern remains relatively stable with age and that serious alcohol abuse is most prevalent in long term alcoholics (National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert No. 2, Alcohol and Aging, Bethesda, MD).

It is generally agreed that the incidence of alcoholism among the elderly is probably higher than statistics suggest since it is frequently a secret and hidden phenomenon; the Alcoholism Council of Tompkins County served only four people 60 years of age or older in 1998. In elderly individuals, lack of mobility, isolation, boredom, losses, depression, physical deficits, anxiety, chronic pain, and lifelong drinking habits can create a volatile environment which is ripe for rampant substance abuse. The remoteness of many rural households provides conditions that enable this behavior. For example, distance from stores makes it more likely that larger quantities of alcohol will be bought in a single trip. In contrast to most general population studies, surveys conducted in health care settings show that six to eleven percent of elderly patients admitted to hospitals exhibit symptoms of alcoholism, as do 20 per cent of elderly patients in psychiatric wards and 14 percent of elderly patients in emergency rooms (Curtis, J.R., et al., "Characteristics, Diagnosis and Treatment of Alcoholism in Elderly Patients, J. Am. Geriatr. Soc. 37:310-316, 1989).

Because alcohol problems among the elderly are often misdiagnosed, they may go untreated or inappropriately treated.

Because multiple providers prescribe medications, opportunities for abuse abound. The use of self-prescribed medications and natural substances further increases the chance for bad reactions with each other and with alcohol.

### **D. Substance Abuse Services**

#### **1. Alcoholism Council**



As previously stated, seniors with alcohol problems do not commonly approach the Council. In 1998 only four individuals 60 and older were served. Off-site work by staff is not reimbursed.

**E. Mental Retardation/Developmental Disabilities (MR/DD)  
Demographics**

There are two populations of concern in this area: first, the individuals with developmental disabilities and their aging issues; second, their aging parents or caregivers.

According to the 1995 County population census, there are 97 people ages 55-64 and 139 65 and older in this category. As with the general population, the number of older adults with developmental disabilities is increasing and will continue to grow in the coming years. This is due in part to the progressive aging of the “baby boom” generation. It is also due to decreases in mortality and morbidity among current generations. Many of these decreases are the result of improvements in health care, nutrition, childhood and young adult services, and social and housing conditions. The needs of this population as it ages pose a challenge for service providers. Different services are needed based on developmental, not chronological age. For example, a client of nineteen may be too old for eligibility for respite services from the Special Children’s Center, although the client’s developmental age is five. Many of their caregivers provided care at home in a period of time before much service support was available. Assistance with planning for the future needs of their adult children is a key issue for this group, with housing an ongoing concern. Education for interpersonal and daily life skills is needed. As stated above, individuals with both mental illness and developmental disabilities may have problems obtaining appropriate services because of this dual status.

**F. MR/DD Services**

**1. Office for Aging Caregivers Resource Center**

This program offers training, counseling, information and referral, and a support group for the specific needs of caregivers of adults with developmental disabilities. This group often focuses on how to add needed services and how to plan for the future. The Center also sponsors the College for Lifelong Learning, offering courses which provide life skills and general enrichment to adult children.

**2. Challenge Industries, Inc.**

Challenge Industries provides vocational services for individuals of all ages who have disabilities which present a handicap to employment. The numbers of older people in this group are increasing. The employment offered does not fall into the employer/employee model according to an Internal Revenue Service decision. For that reason as well as reasons of affordability, there is no retirement plan for these individuals. They receive income under S.S.I.

**3. New York State Developmental Disabilities Services**

Developmental Disabilities Services offers programs for people of all ages who have developmental disabilities.

**4. Adult Day Program**

The two Adult Day Programs in the County, Longview's Adult Day Community and Groton's DayBreak program offer social adult day programming.

**5. Unity House of Cayuga County, Inc.-Ithaca**

Unity House operates staffed living residences for adults with developmental disabilities.

**6. New York Cares**

New York Cares housing initiative will provide additional funding for housing for people with developmental disabilities over the next five years.

**III. Issues, Needs and Highlights**

**A.** Depression, anxiety and dementia in the elderly population are three areas of particular concern to professionals. Most seniors and their families know little about these problems in the elderly and the assistance available.

**B.** Isolation, which correlates with depression, is a problem in the elderly population.

**C.** Older adults, especially men, are the group at most risk for suicide.

**D.** There are sufficient mental health services for the elderly in the county, but seniors' reluctance to approach them because of stigma makes it difficult to assess the real need. This reluctance is at least as marked among those abusing alcohol and medications.

**E.** Services for the senior person with a serious and persistent mental illness diagnosis are not adequate to meet increasing numbers.

**F.** Physicians frequently overlook symptoms of depression in the

elderly. There is a shortage of physicians trained in working with the elderly.

**G.** Financial disincentives exist to discourage nursing homes from accepting Medicaid eligible people with early to mid-stage Alzheimer's disease.

**H.** There is a tremendous psychological and physical burden upon the caregivers of a family member with dementia.

**I.** Alcoholism is a hidden disease among the elderly, and is often misdiagnosed and inappropriately treated.

**J.** Progress has been made in developing services based upon need and not chronological age for the Mentally Retarded/Developmentally Disabled population in the areas of housing and life skills training. There is still an unmet need for respite services.

#### **IV. Action Recommendations**

It is recommended:

**A.** THAT a plan for a continuing public information campaign about mental health issues of concern to older adults, and services to address those issues, be developed and implemented.

**B.** THAT the medical community be approached about filling the need for medical personnel to recognize and make treatment available to older adults suffering from depression, anxiety, dementia and substance abuse. Such training should include information about available services, referral, intervention and follow-up.

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- C.** THAT training be offered to emergency room staff, police and other gatekeepers in understanding and managing problem behaviors resulting from Alzheimer's Disease and other mental health conditions.
  
- D.** THAT the exploration of assistive housing options for low and middle income seniors recommended by the Housing Task Force of the Millennium Project include such housing for individuals with dementia.